RI SOS Filing Number: 201988608170 Date: 3/13/2019 4:00:00 PM

11711
I N-VA /
(44)

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2019 Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by April 1.

	FILED
M	AR 1 3 2019
BY	11242

Entity ID Number	2 Exact nar	ne of the Corporation	n					
121797		STATE MOOR		NE, LTD.				
3. Principal Office Address 2700 WARWICK AVENUE			City WARWICK		State RI	Zip 02889		
4 NAICS Code	6. Brief description of the character of business conducted in Rhode Island							
238990	TO REMOVE, REPLACE, INSTALL, ANCHOR, MAINTAIN AND OTHERWISE DEAL IN MARINE							
5. State of Incorporation RHODE ISLAND	MOORINGS							
7. List ALL officers (names and	d addresses)		·	Che	ck the box to indi	cate an attachment		
President Name MICHAEL MILLER			Vice-President Name					
Street Address 2700 WARWICK AVENUE			Street Address					
City WARWICK	State RI	Z <sub>IP</sub> 02889	City		State	Zip		
Secretary Name		<u>l</u>	Treasurer Nam	Treasurer Name				
Street Address			Street Address					
City	State	Zip	City		State	Žip		
8 List ALL directors (names ar	nd addresses)			Che	ck the box to indi	cate an attachment		
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State	Zıp		
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Iss			Check the box to indicate an attachment CLASS/SERIES PAR VALUE			
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SMARES		CLASS/SFRIES			
		100	100			<del></del> ,		
11. This report must be execut trustee, this report must be exe	ed on behalf of the	corporation by an a	authorized repres	entative. If the cor	rporation is in the	hands of a receiver or		
Under penalty of perjury, I de	eclare and affirm	that I have examin	ed this report, in	ncluding any acc	ompanying sch	edules and		
statements, and that all statements contained herein are true and correct.  Name of Authorized Representative  Date								
MICHAEL P MILLER			3-1-19					
Signature of Authorized Repre	sentative Lul P- M	ille	• मि ५१ जस्म					

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov